



National Center on  
Substance Abuse  
and Child Welfare

## IN-DEPTH TECHNICAL ASSISTANCE (IDTA) INFANTS WITH PRENATAL SUBSTANCE EXPOSURE (IPSE) SITE PROFILE

### NORTH CAROLINA

**LEAD AGENCY: DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE SERVICES**

**LOCATION: RALEIGH, NORTH CAROLINA**

### PROJECT ABSTRACT

North Carolina attended the *2017 Policy Academy: Improving Outcomes for Pregnant and Parenting Women with Opioid Use Disorders and Their Infants, Families and Caregivers*. After concluding the Policy Academy, North Carolina participated in IDTA from the National Center on Substance Abuse and Child Welfare from September 2017 to September 2019. The two-year engagement focused on: (1) creating coordinated and consistent communication with key staff at the delivering hospitals, (2) supporting the hospitals in effective and consistent implementation of the policy, and (3) supporting regional partnerships focused on implementation of the policy to include the key stakeholders so that they may work toward the best outcomes for women and families.

North Carolina's cross-disciplinary group, the Plan of Safe Care Interagency Collaborative (POSCIC), has a mission of creating a state-specific policy agenda and an action plan to address and implement the provisions of the Child Abuse Prevention and Treatment Act as amended by the Comprehensive Addiction and Recovery Act. Additionally, the POSCIC is strengthening collaboration across systems to address the complex needs of infants affected by substance use and their families. The POSCIC oversaw the IDTA effort, which was co-led by Starleen Scott Robbins, a mental health program manager II and women's services coordinator at the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS), and Melissa Godwin, a clinical assistant professor from the University of North Carolina and the DMH/DD/SAS.

### MAJOR PROGRAM GOALS

**Goal 1: Create coordinated and consistent communication with key staff at the delivering hospitals:** The state of North Carolina has 86 birthing hospitals situated across 100 different child welfare regions that align with North Carolina counties. Each regional child welfare office has a distinct relationship with its birthing hospital(s). The state recognized a need to identify

key staff at delivering hospitals to support the consistent rollout of the new reporting criteria and the plan of safe care (POSC).

**Goal 2: Support hospitals in effective and consistent implementation of the policy:** The core team recognized that hospitals were interpreting the updated state policy for notifying the Department of Social Services (DSS) or reporting IPSE differently across the state. The team engaged several hospital systems to ensure policies were being implemented to effectively align hospital practice with new state policy and federal legislation.

**Goal 3: Support regional partnerships focused on implementation of the policy to include the key stakeholders so that they may work toward the best outcomes for women and families.** The core team recognized that local implementation would require cross-system partnerships. Using the system walkthrough, they visited local jurisdictions to understand how partners collaborated and what barriers, strengths, and gaps existed.

#### ACCOMPLISHMENTS

**Implement a statewide protocol for POSCs:** The POSCIC implemented the POSC in North Carolina through a partnership with Care Coordination for Children (CC4C). CC4C serves children from birth to five years of age who meet certain risk criteria. CC4C goals are to improve health outcomes and reduce costs for enrolled children. In North Carolina, CC4C oversees all POSCs regardless of child welfare involvement. CC4C receives a POSC referral from DSS after hospitals make the initial report or notification. CC4C engages the family, completes developmental screenings, develops a family care plan, and connects families to services based on need. CC4C can provide in-home services when indicated. They can address parental needs when those needs intersect with those of the children, such as substance use disorder (SUD) treatment. CC4C works collaboratively with DSS on open child welfare cases only. For screened-out cases, CC4C only reports data on parent engagement back to DSS.

**Build a system of care to support providers working with pregnant women with SUD:** The POSCIC oversaw four hospital-based system walkthroughs across the state. Each walkthrough included multiple county child welfare offices, regional CC4C offices, SUD and medication-assisted treatment (MAT) providers, and hospital healthcare providers (neonatologists, pediatricians, social workers, and nurse managers). The walkthroughs highlighted current cross-system practices to identify SUD, refer pregnant women for services, and engage families in care. The walkthroughs focused on pregnancy, the birth event, and the neonatal period, culminating in the development and use of the POSC. The walkthrough helped the POSCIC to identify opportunities to connect child-serving and parent-serving organizations, all of whom supported the POSC. The walkthrough also helped the POSCIC to identify technical assistance opportunities to support healthcare providers with integrating the new reporting criteria. Finally, the walkthroughs identified strong local practices for the state to highlight in other communities.

**Develop a framework to support long-term implementation of the POSC:** The POSCIC developed a long-term framework to address barriers and gaps identified through the walkthroughs. The framework's goals and action steps were assigned to systems across the

Department of Health and Human Services, including Division of Social Services, DMH/DD/SAS, and Division of Public Health.

#### ADMINISTRATIVE STRUCTURE AND PARTNER AGENCIES

The POSCIC team leading the IDTA initiative reflected a strong cross-disciplinary engagement and included representation from divisions across the Department of Health and Human Services. Participating divisions and external partners included:

- Care Coordination for Children
- Division of Medical Assistance
- Division of Mental Health, Developmental Disabilities and Substance Abuse Services
- Division of Public Health, Children and Youth Branch
- Division of Public Health, Women's and Children's Health Section
- Division of Public Health, Women's Health Branch
- Division of Social Services
- Division of Social Services, Child Welfare Services
- North Carolina Commission of Indian Affairs
- North Carolina Department of Health and Human Services: Office of Government Affairs
- North Carolina Healthcare Association
- North Carolina Pediatric Society
- Office of General Counsel
- UNC Horizons

#### PRODUCTS

- North Carolina Plan of Safe Care Informational Website, including Plan of Safe Care Template: <https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-abuse/infant-plan-safe-care>

#### CONTACT US

For questions about this resource or to request technical assistance, please contact NCSACW at [ncsacw@cffutures.org](mailto:ncsacw@cffutures.org) or 1-866-493-2758.

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